

Kentucky Employee's Health Plan (KEHP)  
Voucher for Over-the-Counter Nicotine Replacement Therapy



**PROGRAM SECTION – Check one tobacco cessation program below**

- ☐ Freedom From Smoking Cessation Program  
☐ Quit Now Kentucky Smoking Cessation Program  
☐ Cooper Clayton Smoking Cessation Program

**PARTICIPANT SECTION - To be completed by program Participant**

Participant's Name (First, Last, MI) \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Participant's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Participant's Date of Birth \_\_\_\_\_  
Is Participant enrolled in KEHP? \_\_\_\_\_  
Insurance Planholder's Name \_\_\_\_\_ Last 4 Digits of Planholder's SSN \_\_\_\_\_ ☐ Yes ☐ No

**COUNSELOR SECTION - To be completed by program Counselor**

Counselor Name (Print – First Name and Last Name Initial) \_\_\_\_\_

Is Participant enrolled in and committed to the tobacco cessation program? ☐ Yes ☐ No

Participant's enrollment start date: \_\_\_\_\_ Participant's anticipated smoking cessation date: \_\_\_\_\_

**Recommended NRT Product:**

<b>Patch Dosage:</b> <input type="checkbox"/> 21 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 7 mg Quantity needed for 28 ____ 14 ____ day period	<b>Lozenge Dosage:</b> <input type="checkbox"/> 4 mg <input type="checkbox"/> 2 mg Quantity needed for 28 ____ 14 ____ day period	<b>Gum Dosage:</b> <input type="checkbox"/> 4 mg <input type="checkbox"/> 2 mg Quantity needed for 28 ____ 14 ____ day period
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I, the Counselor, confirm that the Participant is enrolled in and currently participating in and compliant with the tobacco cessation program.

\_\_\_\_\_  
Counselor Signature (First Name and Last Name Initial)

Counselor Comments: \_\_\_\_\_

**STEPS for Obtaining Over-the-Counter Nicotine Replacement Therapy (OTC NRT)**

*This voucher is valid for a 28-day supply of OTC NRT without any cost to a KEHP Member/Participant until the date specified below.*

1. Ask your physician or pharmacist if you have any questions before using NRT or if you have a pre-existing medical condition.
  2. After receiving this voucher with a KEHP approval, take it to a pharmacy that accepts KEHP insurance, as administered by CVS/caremark.
  3. Select the OTC patch, lozenge, or gum of the dosage indicated above.
  4. Take the OTC product to the pharmacist. Your costs for obtaining OTC NRT with this completed voucher will be zero.
  5. Present this voucher and your Anthem/KEHP insurance card to the pharmacist.
  6. Use the NRT product as directed.
  7. Continue participating in the tobacco cessation program in order to continue receiving OTC NRT without any cost to the Member/Participant.
- When a Member/Participant no longer participates in the tobacco cessation program, a prescription will be required to obtain OTC NRT without any cost.

**Pharmacist:** This Voucher, when approved by KEHP, entitles the Participant named above to a 28-day supply of the product indicated. This product is provided without any cost to the Member/Participant. Claims should be filed through CVS/caremark. If the KEHP approval is for two different strengths of an NRT, a separate claim must be filed for each. The Participant can only receive the total quantity of the product that is authorized by the program facilitator/counselor and approved by KEHP. Please use your store DEA number in the Prescriber ID field (411-DB) since a prescription is not required to process this claim.

**CONTACT AND APPROVAL INFORMATION**

Please contact the Department of Employee Insurance with any questions.

Personnel Cabinet  
Department of Employee Insurance  
501 High Street, 2<sup>nd</sup> Floor  
Frankfort, KY 40601  
(888) 581-8834 or (502) 564-6534  
(502) 564-1085 (Fax)

KEHP Use Only

Approval Date \_\_\_\_\_

KEHP Authorized Signature \_\_\_\_\_

Approval Valid Until \_\_\_\_\_